

# Instructions for Filling Out Grant Application Forms for the Assistance to Firefighters Grant Program

**PLEASE NOTE: THESE INSTRUCTIONS TAKE PRECEDENCE OVER THOSE CONTAINED ON THE BACKS OF THE INDIVIDUAL FORMS. WHERE THERE ARE DIFFERENCES, PLEASE FOLLOW THE INSTRUCTIONS LISTED HERE.**

## **Standard Form 424, Request for Application**

- Block 1 – Ignore, appropriate response has been pre-determined.
- Block 2 – Enter the date applicant submits application to FEMA.  
Applicant Identifier – Leave blank.
- Block 3 – Leave blank.
- Block 4 – Leave blank.
- Block 5 – Enter your fire department's name and full address.
- Block 6 – Enter your tax identification number.
- Block 7 – Check N "Other" and enter one of the following: Fire Department, Community Organization, Safety Organization or Hospital.
- Block 8 – Ignore, appropriate response has been pre-determined.
- Block 9 – Ignore, appropriate response has been pre-determined.
- Block 10 – Ignore, appropriate response has been pre-determined.
- Block 11 – Leave blank.
- Block 12 – List the cities and/or counties that will benefit from funding.
- Block 13 – Leave blank.
- Block 14a – Enter your congressional district.
- Block 14b – Enter the congressional district that will benefit from the funding.
- Block 15a – Enter the amount of Federal funding you are requesting.
- Block 15b – Enter the amount of funding to be provided by you. If your department protects a population of over 50,000, you are responsible for providing 30 percent of the project costs. If your department protects a population of 50,000 or less you are responsible for providing 10 percent of the project costs.
- Blocks 15c, d, and e – Enter the amount of funding to be provided, if any, by these entities.
- Block 15f – Leave blank.
- Block 16 – Ignore, appropriate response has been pre-determined.
- Block 17 – Check appropriate response.
- Block 18 – Complete information, sign and date form.

### **FEMA Form 20-20, Budget Information – Non-construction Programs**

- Block 1 – Ignore, appropriate response has been pre-determined.
- Block 2 – Leave blank.
- Block 3 – Enter name and complete address of applicant.
- Block 4 – Enter the tax identification number (should be the same number as that from Block 6 of the SF 424).
- Blocks 5 and 6 – Leave blank.
- Block 7 – Ignore, appropriate response has been pre-determined.
- Block 8 – If your department protects a population of over 50,000, enter 70/30.  
If your department protects a population of 50,000 or less enter 90/10.
- Block 9 – Insert the categories for which you are applying; one per column.
- Block 10a thru g – Itemize your budget in these applicable cost categories.
- Block 10h – Enter any administrative costs that you plan to charge to this grant.
- Block 10i thru k – Itemize your budget in these applicable cost categories.
- Block 10l – Enter amount of Federal funding requested.
- Blocks 10m thru p – Enter appropriate amounts (should be same information as that contained in Blocks 15b, c, d, and/or e from the SF 424).
- Block 10q – Enter totals of Block 10l-p.
- Block 10r – Leave blank.
- Block 10s– This block must be completed, if you are claiming indirect cost in line 10j. If you claim indirect costs, you must also submit a copy of your approved indirect cost rate document along with your application if you are planning to claim indirect costs.
- Blocks 11, 12, 13, and Date Report Submitted – Self-explanatory, but critical.  
These blocks must be filled out and signed by your authorizing official.

### **FEMA Form 20-16, Summary Sheet for Assurances and Certifications**

- First Block – Enter 2001.
- Second block – Enter your organization's name.
- Applicant must place a check in the block corresponding to Part I, Part III, and Part IV. (The significance of the check mark is explained on Forms 20-16A, 20-16B, and 20-16C.)
- The document must then be signed and dated by your department's authorizing Official in the provided spaces.

### **Standard Form LLL, Disclosure of Lobbying Activities**

You do not have to fill out this form if you or your community have not paid, or if you or your community are not going to pay any person for influencing or attempting to influence a Federal official or member of Congress in connection with this solicitation (i.e., your application).

If you or your community have paid someone or will pay someone who has influenced or attempted to influence a Federal official or a member of Congress in connection with this solicitation (i.e., your application), please follow the instructions listed below:

Block 1 - Enter b.

Block 2 - Enter b.

Block 3 - Enter a.

Block 4 - Check "Prime" and add name and address.

Block 5 - Leave Blank

Block 6 - Enter "FEMA"

Block 7 - Enter 83.554.

Blocks 8 & 9 - Leave blank.

Blocks 10a and 10b - Enter name of lobbyist.

Block 11 - Sign, print name, title, telephone number and date.